County: Pierce SPRING VALLEY HEALTH CARE CENTER, INC. W500 STATE HIGHWAY 29 SPRING VALLEY 54767 Phone: (71 SPRING VALLEY 54767 Phone: (715) 778-5545
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 68
Total Licensed Bed Capacity (12/31/00): 70
Number of Residents on 12/31/00: 47 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Village Skilled No Yes Average Daily Census: 57

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Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/0	00) %				
Home Health Care Supp. Home Care-Personal Care Supp. Home Care-Household Services Day Services Respite Care Adult Day Care Adult Day Health Care Congregate Meals Home Delivered Meals Other Meals Transportation Referral Service Other Services Provide Day Programming for Mentally Ill Provide Day Programming for Developmentally Disabled	Yes Yes Yes No	Primary Diagnosis Developmental Disabilities Mental Illness (Org. /Psy) Mental Illness (Other) Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic Cancer Fractures Cardiovascular Cerebrovascular Diabetes Respiratory Other Medical Conditions	27. 7 31. 9 8. 5 0. 0 0. 0 0. 0 10. 6 4. 3 6. 4 2. 1 8. 5	Age Groups Under 65 65 - 74 75 - 84 85 - 94 95 & Over 65 & Over Sex Mal e Femal e	17. 0 8. 5 23. 4 42. 6 8. 5 100. 0 83. 0	Less Than 1 Year 1 - 4 Years More Than 4 Years ***********************************	9. 7 14. 5 57. 3

Method of Reimbursement

		Medi (Titl			Medic (Title			0th	er	P	ri vate	Pay		Manageo	l Care		Percent
			Per Die	em		Per Die	m		Per Dien	n		Per Dien	1	Ĭ	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	2	100.0	\$261.00	19	51.4	\$87. 53	0	0.0	\$0.00	7	87. 5	\$106.90	0	0. 0	\$0.00	28	59. 6%
Intermedi ate				7	18. 9	\$72.44	0	0.0	\$0.00	1	12. 5	\$102.00	0	0.0	\$0.00	8	17.0%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				11	29.7	\$121.36	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	11	23. 4%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Venti l ator- Depende	nt 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	2	100.0		37	100. 0		0	0.0		8	100.0		0	0.0		47	100.0%

Page 2

Admissions, Discharges, and Deaths During Reporting Period

Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00

Deaths During Reporting Period	
Percent Admissions from:	
Private Home/No Home Health	22. 9
Private Home/With Home Health	5. 7
Other Nursing Homes	0.0
Acute Care Hospitals	71.4
Psych. HospMR/DD Facilities	0.0
Reĥabilitation Hospitals	0.0
Other Locations	0.0
Total Number of Admissions	70
Percent Discharges To:	
Private Home/No Home Health	24. 1
Private Home/With Home Health	9. 2
Other Nursing Homes	0.0
Acute Care Hospitals	44.8
Psych. HospMR/DD Facilities	0.0
Rehabilitation Hospitals	0.0
Other Locations	0.0
Deaths	21.8
Total Number of Discharges	
(Including Deaths)	87

Activities of Daily Living (ADL) Bathing Dressing Transferring Toilet Use Eating	% ndependent 2. 1 10. 6 38. 3 25. 5 48. 9 *********	As One	% Needing sistance of Or Two Staff 29.8 29.8 36.2 51.1 36.2	Depo S 2	otally endent 68.1 99.6 25.5 23.4 4.9	Total Number of Resi dents 47 47 47 47 47 47
Continence		%	Special Trea	tments		%
Indwelling Or External		4. 3	Recei vi ng	Respiratory (Care	4. 3
Occ/Freq. Incontinent o	f Bladder	46. 8	Recei vi ng	Tracheostomy	Care	0. 0
Occ/Freq. Incontinent o	f Bowel	31. 9		Suctioning		0. 0
				Ostomy Care		0. 0
Mobility			Recei vi ng	Tube Feeding		0. 0
Physically Restrained		21. 3	Recei vi ng	Mechani cally	Altered Diet	s 31.9
Skin Care			Other Reside	ent Characteri	stics	
With Pressure Sores		6. 4	Have Advar	ce Directives	5	91. 5
With Rashes		0. 0	Medications			
			Recei vi ng	Psychoacti ve	Drugs	31. 9

		Ownershi p:		Bed	Si ze:		ensure:		
	Thi s			50	- 99	Ski l	led	Al l	
	Facility Peer Group		Group	Peer	Group	Peer	Group	Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	81. 4	82. 7	0. 98	87. 3	0. 93	84. 1	0. 97	84. 5	0. 96
Current Residents from In-County	76. 6	85. 7	0.89	80. 3	0. 95	83. 5	0. 92	77. 5	0. 99
Admissions from In-County, Still Residing	7. 1	34. 4	0. 21	21. 1	0. 34	22. 9	0. 31	21. 5	0. 33
Admissions/Average Daily Census	122. 8	67. 7	1. 81	141. 8	0. 87	134. 3	0. 91	124. 3	0. 99
Discharges/Average Daily Census	152. 6	72. 5	2. 10	143. 0	1.07	135. 6	1. 13	126. 1	1. 21
Discharges To Private Residence/Average Daily Census	50. 9	23. 7	2. 15	59 . 4	0. 86	53. 6	0. 95	49. 9	1. 02
Residents Receiving Skilled Care	59. 6	83. 9	0. 71	88. 3	0. 67	90. 1	0. 66	83. 3	0. 71
Residents Aged 65 and Older	83. 0	83. 5	0. 99	95. 8	0. 87	92. 7	0. 90	87. 7	0. 95
Title 19 (Médicaid) Funded Residents	78. 7	77. 2	1. 02	57. 8	1. 36	63. 5	1. 24	69 . 0	1. 14
Private Pay Funded Residents	17. 0	17. 9	0. 95	33. 2	0. 51	27. 0	0. 63	22. 6	0. 75
Developmentally Disabled Residents	27. 7	3. 4	8. 02	0. 7	37. 88	1. 3	22. 02	7. 6	3. 62
Mentally Ill Residents	40. 4	56. 6	0.71	32. 6	1. 24	37. 3	1. 08	33. 3	1. 21
General Medical Service Residents	8. 5	14. 3	0. 59	19. 2	0. 44	19. 2	0. 44	18. 4	0. 46
Impaired ADL (Mean)	57. 0	50.8	1. 12	48. 3	1. 18	49. 7	1. 15	49. 4	1. 15
Psychological Problems	31. 9	61. 2	0. 52	47. 4	0. 67	50. 7	0. 63	50. 1	0.64
Nursing Care Required (Mean)	5. 3	6. 6	0. 80	6. 1	0. 88	6. 4	0.83	7. 2	0.74